



Application for Ramsey County Food Recovery/Gleaning Grants

Before completing this grant application, please review [grant guidelines](#) in detail.

Organization Name:

Applicant Name:

Primary Organization Address:

Other Organization Addresses:

If your organization has multiple locations from which food will be distributed, please list them here.

Location(s) and organization name(s) of where food will be collected and estimated amount of food to be collected:

(Please note: If applying for mileage reimbursement, please only include locations in Ramsey County.)

Have you already received approval to collect food from this/these location(s)? ☐ Yes ☐ No

Applicant Phone Number:

Applicant Email Address:

Organization Type: ☐ Non-profit ☐ Community/neighborhood-based organization ☐ Business

Organization Demographics (optional)

We want to better understand who our program is reaching and how to meet the unique needs of each organization. Please check any boxes that apply to your organization.

Organization/Business Leadership (select all that apply) - Please answer based on organization's executive director or business owner:

- ☐ Women led ☐ American Indian/Alaska Native led ☐ Asian led
☐ Black or African American led ☐ Latino/Hispanic led ☐ White led
☐ Two or more races led ☐ Immigrant led ☐ Not applicable



Brief description of organization, including mission, key objectives, and populations/geographic areas served.

Description of Activities: *Please provide a detailed description of the food recovery and gleaning activities that you plan to do using this grant. Please include information about your timeline, organizations/farms/markets from which you plan to recover food, locations of activities, and plans for distributing collected food (including partnering organizations, if applicable).*

How many pounds of food do you currently collect/recover per week?

Do you anticipate that amount increasing through this program? If so, how many additional pounds do you estimate collecting per week?

How many pounds do you currently distribute per week? (Can be same as above if all food collected is distributed)

Budget Instructions: Please complete the table below with information about each item for that would be purchased with grant funds. Please list each material in a separate row (you may have more than one row for each activity). If the item you are listing does not have a number, such as staff time, leave the box in the Number column blank, or type in N/A.

Budget Table:

Activity	Materials	Number	Total Cost
Ex: Food collection from grocery store	Mobile carts	4	\$400

Staffing costs (table): If you are applying for reimbursement for staffing costs, please fill out the following table. Please note: The maximum amount that this grant can cover is the equivalent of a .5 FTE salary, and all time supported by the grant must be focused on food recovery work (collection, sorting, and distribution of recovered food)

Employee title/role	Number of anticipated hours/weeks spent on food recovery/gleaning related to this grant	Hourly wages/salary

Are you interested in other assistance to help your organization reduce waste (food and other types)? If so, please explain.

